



Application for Membership

(Please Type or Print in Black Ink)

Name: _____

Title/Company: _____

Length of Time in This Position: _____

Business Address: _____

City: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Home Address: _____

City: _____ Zip: _____

Briefly describe your experience at the executive/professional level and/or post-graduate work:

List community activities, professional affiliations/organizations, length of membership and positions, if any:

List Two Business Reference:

1. Name: _____ Phone: _____

Company: _____

Address: _____

2. Name: _____ Phone: _____

Company: _____

Address: _____

**Please submit this application and a copy of your current occupational and/or state license
via email to nicole@kitchenconceptsandmore.com**

**Payment is due in accordance with your application and can be made with a check or Zelle. A Zelle
request can be sent via email upon request.**



Membership Directory
(Please include this form with your application)

Please complete the following for the Membership Directory

How your name should appear: _____

Note, this is how your name will appear on all PWN materials and online presence (including your name tag):

Business Category: _____

Describe your company and the types of goods and/or services provided:

Your Birthday: _____

Hobbies: _____

Spouse/Significant Other (optional): _____

Children (optional): _____